2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004000

Name:

Address: City-St-Zip: BARONA, JOEL

ARLINGTON, TX 76015

700 HIGHLANDER BLVD. SUITE 450

DOLEY DOLL AD EYDDEGG

FILED Apr 23, 2004 Secretary of State

Entity Name: DOLEX DOLLAR EXPRESS, INC. **Current Principal Place of Business: New Principal Place of Business:** 700 HIGHLANDER BLVD. SUITE 450 ARLINGTON, TX 76015 **Current Mailing Address: New Mailing Address:** 700 HIGHLANDER BLVD. SUITE 450 ARLINGTON, TX 76015 FEI Number: 74-2791872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete Title: () Change () Addition Name: LIMON, RAUL Name: 700 HIGLANDER BLVD., STE. 450 Address: Address: City-St-Zip: ARLINGTON, TX 76015 City-St-Zip: () Delete COO Title: Title: () Change () Addition Name: GONZALEZ, GERARDO Name: 700 HIGHLANDER BLVD., STE. 450 Address: Address: City-St-Zip: ARLINGTON, TX 76015 City-St-Zip: () Delete Title: Title: (X) Change () Addition SALVADOR, ARROYO SUELLYN, TORNAY P Name: Name: AV. PERIFERICO SUR 3343, 4TH FLOOR FOUR CORPORATE SQUARE Address: Address: City-St-Zip: MEXICO, DF 10200 City-St-Zip: ATLANTA, GA 30329 Title: CFO () Delete Title: () Change () Addition SALINAS, JOSE Name: Name: Address: 700 HIGHLANDER BLVD., STE. 450 Address: City-St-Zip: ARLINGTON, TX 76015 City-St-Zip: Title: CCO Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOEL BARONA COO 04/23/2004